

# REED SMITH, LLP

1301 K Street, N.W., Suite 1100 – East Tower, Washington, DC 20005  
Telephone: 202-414-9200 Facsimile: 202-414-9299

April 1, 2004

## BOX PATENT APPLICATION

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22314

Sir:

Atty. Docket No 967236.10001

Transmitted herewith for filing is the patent application of:

Inventor: Itzhak M. ITZHAKY

Title: Power Conversion Module

Enclosed are:

- ☒ A specification, including:
  - 1 Title Page
  - 15 pages of description,
  - 4 pages of claims (Claims 1-23),
  - 1 Abstract Page; and
  - 5 pages of drawings (Figs. 1-5).
- ☐ An assignment of the invention to \_\_\_\_\_, with a Recordation Cover Sheet.
- ☐ A certified copy of a \_\_\_\_\_ patent application.
- ☐ An associate power of attorney.
- ☒ An ☒ executed ☐ unexecuted Combined Declaration and Power of Attorney.
- ☒ Other: Petition to Make Special Because of Applicant's Age; Declaration of Itzhak M. Itzhaky; 2 Postcards.
- ☒ Small entity status under 37 C.F.R. §§ 1.9 and 1.27 is hereby claimed.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)
For	No. Filed	No. Extra
Basic Fee		
Total Claims	23 - 20 =	3
Indep. Claims	2 - 3 =	0
<input type="checkbox"/> Multiple Dependent Claim Presented		

\*If the difference in Col. 1 is less than zero, enter "0" in Col. 2

SMALL ENTITY	
Rate	Fee
	\$385
x \$9 =	\$ 27
x \$43 =	
+ \$145 =	
Total	\$412

LARGE ENTITY	
Rate	Fee
	\$770
x \$18 =	
x \$86 =	
+ \$290 =	
Total	

- ☐ Please charge Deposit Account No. 50-0622 in the amount of \$\_\_\_\_\_. A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$412 to cover the filing fee is enclosed
- ☒ The U.S. Patent and Trademark Office is hereby authorized to charge payment, or credit any overpayment, of the following fees associated with this communication, or during pendency of the application, to Deposit Account No. 50-0622. A duplicate copy of this sheet is attached.
  - ☒ Any additional filing fees required under 37 C.F.R. § 1.16.
  - ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

REED SMITH, LLP

*Mark R. Shanks*

Mark R. Shanks  
Reg. No. 33,781

32256  
PATENT TRADEMARK OFFICE

16834 U.S. PTO  
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